

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2978AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/04/2008
NAME OF PROVIDER OR SUPPLIER ALTA FACILITIES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 312 PARKWAY EAST LAS VEGAS, NV 89106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey conducted at your facility on 12/4/08.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 8 total beds.</p> <p>The facility had the following category of classified beds: Category 1 - one bed; Category 2 - seven beds.</p> <p>The facility had the following endorsements: Residential facility which provides care to elderly and/or disabled persons, and /or persons with mental illness, and/or persons with chronic illnesses.</p> <p>The census at the time of the survey was 5. Five resident files and 2 closed resident files were reviewed and 4 employee files were reviewed.</p> <p>There were 3 complaint(s) investigated during the survey.</p> <p>Complaint #NV16124 Unsubstantiated Complaint #NV17324 Substantiated (Tag Y820, Y1020) Complaint #NV18885 Substantiated (Tag Y181)</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p>	Y 000	<p><i>Acceptable POC</i> <i>3/17/09</i> <i>Dleguer</i></p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Quintin Garcia, RFA
TITLE

(X6) DATE

2/20/09

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Y 000	Continued From page 1	Y 000		
Y 067 SS=A	<p>The following regulatory deficiencies were identified:</p> <p>449.196(1)(c) Qualifications of Caregiver- Read regulation</p> <p>NAC 449.196 1. A caregiver of a residential facility must: (c) Understand the provisions of NAC 449.156 to 449.2766, inclusive, and sign a statement that he has read those provisions.</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure that 1 of 4 caregivers read the provisions of NAC 449.156 to 449.2766 and signed a statement that he has read those regulations (Employee #3).</p> <p>Findings include:</p> <p>The facility was unable to provide an employee file for Employee #3.</p> <p>Employee #3 indicated his employee file was in California. The employee revealed he had been living and working at his home in California. The employee had decided to stay in Las Vegas and work at this facility.</p> <p>Severity: 1 Scope: 1</p>	Y 067	<p>Y 067</p> <p>a) employee #3 has read and signed regulation regarding the provision of NAC 449.156 to 449.2766,</p> <p>b) administrator of the facility will ensure that compliance will be monitor by using employee checklist and will check at least every 6 months.</p> <p>c) Attachment #1 to Y 067</p> <p>d) 1/15/09</p> <p>e) employee checklist will be used to monitor requirement for NAC 449.196</p>	

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Y 072 SS=E	<p>449.196(3) Qualications of Caregiver-Med re-training</p> <p>NAC 449.196</p> <p>3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must:</p> <p>(a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every 3 years and provide the residential facility with satisfactory evidence of the content of the training and his attendance at the training; and</p> <p>(b) At least every 3 years, pass an examination relating to the management of medication approved by the Bureau.</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure that 2 of 4 caregivers had completed the required three hour medication management training (Employee #1, and #3).</p> <p>Findings include:</p> <p>Employee #1 was hired on 5/9/08. Therewas no documented evidence of a medication training certification in the employee file.</p> <p>Employee #3 had an unknown date of hire. There was no documented evidence of a medication training certification in the employee file.</p>	Y 072	<p>Y072</p> <p>a) employee #1 was medication training dated 8/19/06 (expired on 8/19/09). Also, employee #1 is reassigned to BHCRC by Wendy Simmons on 2/20/09 for re-certification.</p> <p>b) employee #3 was done med medication training, 1/08/09.</p> <p>c) attachment #2 to Y072</p> <p>d) 2/20/09</p> <p>e) Administration will monitor employee's requirements using employee's checklist at least every 6 months.</p>		

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Y 072	Continued From page 3 Severity: 2 Scope: 2	Y 072		
Y 102 SS=C	<p>449.200(1)(c) Personnel File - Training Records</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (c) Records relating to the training received by the employee.</p> <p>This Regulation is not met as evidenced by: Based on personnel file reviews, the facility failed to ensure 1 of 4 employees received not less than 8 hours of training annually related to providing for the needs of the residents (Employee #3).</p> <p>Findings include:</p> <p>The facility was unable to provide an employee file for Employee #3.</p> <p>Employee #3 indicated his employee file is in California. The employee revealed he had been living and working at his home in California. The employee has decided to stay in Las Vegas and work at this facility.</p> <p>Severity: 2 Scope: 1</p>	Y 102	<p><i>Y102</i></p> <p><i>a) employee #3 has been reactivated and the next class sometimes on over 2009, next available class with Nathan Aderson hrs. file.</i></p> <p><i>b) administrator will monitor requirements for compliance in accordance with the compliance of NAC 449.200 at least every 6 months.</i></p> <p><i>c) 4/3/09</i></p>	
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A	Y 103		

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Y 103	<p>Continued From page 6</p> <p>(g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>Based on record review, the facility did not ensure that 4 of 4 employees had received the required tuberculosis (TB) skin testing and/or documentation and/or physician physical examination (Employee #1, #2, #3 and #4).</p> <p>Findings include:</p> <p>1. Employee #1 was hired on 5/9/08. The employee's file contained proof the employee tested positive for TB on 5/11/07. The file did not contain a copy of a negative chest x-ray report required for those who test positive for TB.</p> <p>Employee #1 indicated she had a chest x-ray but could not find evidence of the results in the employee file.</p> <p>2. Employee #2 was hired on 5/1/08. The employee's file contained a negative chest x-ray report dated 10/5/07. The file did not contain evidence in the form of a positive skin test or a physician statement that the resident had tested positive for TB. The employee's file did not contain the results of physical examination.</p> <p>3. Employee #3 has an unknown date of hire. The employee's file did not contain the results of</p>	Y 103	<p>Y103</p> <p>a) employee #1 has done her 2 step TB test as of 1/22/09.</p> <p>b) employee #2 has done her 2 step TB test as of 1/22/09 and physician statement for physical examination.</p> <p>c) employee #3 has done her 2 step TB and physician statement for physical examination.</p> <p>d) employee #4 has done her 2 step TB and found 2nd step positive and has done her chest x-ray result and also has physical examination as of 1/22/09.</p> <p>e) administrator will assure to monitor the requirements be checked at least every 6 months.</p>		

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Y 103	Continued From page 7 physical examination or a physician certification that the employee was in a good state of health, was free from active TB and any other disease in a contagious stage. There was no documented evidence of any TB skin testing or chest x-ray. Employee #3 indicated his file was in a home in California. The employee indicated he was current in his TB testing. 4. Employee #4 was hired 7/1/08. The employee's file did not contain the results of physical examination or a physician certification that the employee was in a good state of health, was free from active TB and any other disease in a contagious stage. There was no documented evidence of any TB skin testing or chest x-ray. Employee #1 was not sure why the employee had not had any testing done. Severity: 2 Scope: 3 This is a repeat deficiency from survey on 7/31/07.	Y 103	8) attachment #3 TAG Y 103 9) 1/22/09	
Y 104 SS=D	449.200(1)(e) Personnel File - References NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (e) Evidence that the references supplied by the employee were checked by the residential facility. This Regulation is not met as evidenced by:	Y 104	Y104 a) employee #3 has checked his certificate of references. b) administrator will ensure that references of an employee will be monitored. employee checklist was formed	

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Y 104	Continued From page 8 Based on interview and record review, the facility failed to investigate the references for 1 of 4 employees (Employee #3). Findings include: The facility was unable to provide an employee file for Employee #3. Employee #3 indicated his employee file was in California. The employee revealed he had been living and working at his home in California. The employee had decided to stay in Las Vegas and work at this facility. Severity: 2 Scope: 1 This is a repeat deficiency from survey on 7/31/07.	Y 104	TO USE FOR THE REQUIREMENTS OF NAC 449.200. C) ATTACHMENT #4 TAG Y104 2) 2/16/09		
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: NRS 449.176 Investigation of criminal history of applicant for license to operate certain facility. 1. Each applicant for a license to operate a facility for intermediate care, facility for skilled nursing or residential facility for groups shall submit to the Central Repository for Nevada Records of Criminal History two complete sets of fingerprints for submission to the Federal Bureau	Y 105	Y105 a) employee #1 HAS COPY OF FINGERPRINTS AND RESULT FROM CENTRAL REPOSITORY AS OF 10/31/08. RECORDS WERE NOT ON FILE AT TIME OF SURVEY b) employee #2 HAS DONE HER FINGERPRINTS AS OF 2/12/09. c) employee #3 HAS DONE HIS FINGERPRINTS AND SIGNED EMPLOYEE'S DECLARATION		

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Y 105	Continued From page 9 of Investigation for its report. 2. The Central Repository for Nevada Records of Criminal History shall determine whether the applicant has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188 and immediately inform the administrator of the facility, if any, and the Health Division of whether the applicant has been convicted of such a crime. (Added to NRS by 1997, 442) NRS 449.179 Initial and periodic investigations of criminal history of employee or independent contractor of certain agency or facility. 1. Except as otherwise provided in subsection 2, within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall: (a) Obtain a written statement from the employee or independent contractor stating whether he has been convicted of any crime listed in NRS 449.188 (b) Obtain an oral and written confirmation of the information contained in the written statement obtained pursuant to paragraph (a); (c) Obtain from the employee or independent contractor two sets of fingerprints and a written authorization to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and (d) Submit to the Central Repository for Nevada Records of Criminal History the fingerprints obtained pursuant to paragraph (c). 2. The administrator of, or the person	Y 105	that he has not been convicted of any crime required by NRS 449.118. d) employee #4 has done his fingerprinting and signed requirement for NRS 449.118 e) administrator called and open an account to central repository for Nevada records of criminal history. Once account was set, fingerprint will be sent to central repository. f) administrator will monitor facility to ensure employee's file is up to date in accordance with NRS 449. g) Attachment #5 to Y105 h) 3/31/09	

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Y 105	Continued From page 14 The file lacked documented evidence of a signed statement indicating the employee had not been convicted of any crimes listed in NRS 449.118, a negative background check report, or two copies of the employee's fingerprints. 4. Employee #4 was hired on 7/1/08. The file lacked documented evidence of results from the Nevada repository. Severity: 2 Scope: 3 This is a repeat deficiency from survey on 7/31/07.	Y 105			
Y 152 SS=C	449.204(2) Insurance-BLC endorsement NAC 449.204 2. A certificate of insurance must be furnished to the Division as evidence that the contract required by subsection 1 is in force and a license must not be issued until that certificate is furnished. Each contract of insurance must contain an endorsement providing for a notice of 30 days to the bureau before the effective date of a cancellation or nonrenewal of the policy. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure the Bureau of Licensure and Certification (BLC) endorsement providing for a notice of 30 days to BLC before the effective date of a cancellation or nonrenewal of the policy. Findings include:	Y 152	<p>Y152</p> <p>a) Facility has been issued a certificate of liability insurance for the new name change of ALTA FACILITIES, INC as of 1/14/09, endorsed by NAC 449.204</p> <p>b) Administrator will monitor that facility has liability insurance in compliance of NAC 449.204 at least every 6 months.</p> <p>c) Attachment # 6 to Y152 dated 1/14/09</p>		

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Y 152	Continued From page 15 There was no Certificate of Liability Insurance policy in the facility. On 12/4/08 at 4:10PM, Employee #2 revealed the insurance policy was kept in her other home in Las Vegas. The employee was currently in California and unable to produce the policy. Severity: 1 Scope: 3	Y 152		
Y 171 SS=F	449.209(1)(b) Health and Sanitation-Local Laws NAC 449.209 1. A residential facility must: (b) Comply with all local ordinances and state and federal laws and regulations relating to zoning, sanitation, accessibility to persons with disabilities and safety. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure compliance with state and local law. Findings include: The sprinkler system was inspected 7/19/07 and 10/20/08. On 9/11/08 The City of Las Vegas Fire & Rescue/Fire Prevention Division inspected the facility. The following citations were documented: 1. NRS 477.120 Provide emergency lighting for corridors and/or exits	Y 171	Y 171 a) Facility has updated the requirements for NAC 449.209. Facility has re-inspected as of 1/15/09. b) Administrator will ensure that facility will monitor the compliance of NAC 449.209 at least every 3 months. c) Attachment of tag Y 171 as 1/15/09	

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Y 171	Continued From page 17 Severity: 2 Scope: 3	Y 171		
Y 172 SS=D	449.209(2) Health and Sanitation-Outside garbage NAC 449.209 2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered in such a manner that rodents are unable to get inside the containers. At least once each week, the containers must be emptied and the contents of the containers must be removed from the premises of the facility. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure 1 of 3 garbage cans were covered. Findings include: One garbage can on the driveway had garbage inside with no lid on top. Severity: 2 Scope: 1	Y 172	<p>Y 172</p> <p>a) THE FACILITY HAS NOW REQUESTED TO USE BUILT IN COVER GARBOGE OUTSIDE THE FACILITY.</p> <p>b) STAFF WAS INFORMED TO USE COVERED GARBOGE OUTSIDE FACILITY AND BE EMPTIED @ LEAST ONCE A WEEK.</p> <p>c) ADMINISTRATOR WILL MONITOR THAT FACILITY IS IN COMPLIANCE WITH NAC 449.209</p> <p>d) ATTACHMENT # 8 TO Y 172</p> <p>e) 2/15/09</p>	
Y 173 SS=D	449.209(3) Health and Sanitation-Inside garbage NAC 449.209 3. Containers used to store garbage in the kitchen and laundry room of the facility must be covered with a lid unless the containers are kept in an enclosed cupboard that is clean and prevents infestation by rodents or insects. Containers used to store garbage in bedrooms and bathrooms are not required to be covered unless they are used for food, bodily waste or	Y 173	<p>Y 173</p> <p>a) FACILITY NOW USES 6 GARBOGE WITH BUILT IN COVER FOR THE KITCHEN.</p> <p>b) STAFF HAS BEEN INFORMED THAT GARBOGE CAN WITH</p>	

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Y 173	Continued From page 18 medical waste. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure the garbage container in the kitchen had a lid. Findings include: On 12/4/08 at 2:55 PM, the kitchen garbage can was sitting by the counter near the sink in the kitchen. The garbage can did not have a lid. Severity: 2 Scope: 1	Y 173	containers be used only. c) administrator will ensure to monitor facility is in compliance with NAC 449.209 d) attachments #9 TGA 4173		
Y 181 SS=F	449.209(8) Health and Sanitation-Temperature NAC 449.209 8. The temperature of the facility must be maintained at a level that is not less than 68 degrees Fahrenheit and not more than 82 degrees Fahrenheit. This Regulation is not met as evidenced by: Based on observation, interview, and temperature measurement, the facility failed to maintain the temperature not less than 68 degrees Fahrenheit. Findings include: On 12/4/08 at 9:45 AM, during the initial tour of the facility, 1 female resident was observed sitting on the couch watching Television and huddled under a blanket and 1 male resident was	Y 181	Y 181 a) facility staff was inform regarding the temperature to be set on between 68 degrees to not more than 82 degrees b) administrator will monitor that requirement for NAC 449.209(8) is in compliance for the resident's comfort. c) facility was form to use to (ensure) monitor temperature		

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Y 181	Continued From page 19 observed wearing a coat. A check of the temperature inside the facility dining area revealed the room temperature was 60 degrees Fahrenheit. Employee #3 indicated the thermostat was turned on at night and turned down during the day. The thermostat was set at 65 degrees. The employee had a key to unlock the box over the thermostat. The employee was not aware of the required range of temperature for a facility. The temperature in the facility was 75 degrees by 12:35 PM. Employee #3 revealed a door in the back of the house had been left open. The house remained at 75 degrees for the rest of the survey. On 12/4/08 at 4:45 PM, Resident #3 indicated it's cold since the weather has changed. The resident indicated she felt warmer this afternoon. On 12/4/08 at 4:50 PM, Resident #1 indicated the facility was sometimes cold in the winter. Severity: 2 Scope: 3 Complaint #NV00018885	Y 181	<p>③ Left once a week.</p> <p>d) Facility has ensure thermostat to ensure temperature will be in compliance.</p> <p>e) Attachment #10 to Y 181</p> <p>js 2/15/09</p>	
Y 206 SS=F	449.211(4)(a) Automatic Sprinklers-Quarterly Inspections NAC 449.211 4. An automatic sprinkler system that has been installed in a residential facility must be inspected: (a) Not less than once each calendar quarter by a person who understands the manner in which the system operates	Y 206	<p>Y 206</p> <p>2) Facility has contracted Sunrise Fire, Inc. to do quarterly inspection as of 1/23/09</p> <p>3) Administrator will ensure that facility will monitor the</p>	

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Y 206	Continued From page 20 and the manner in which it should be maintained. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to have a quarterly inspection on the automatic sprinkler system completed by a person who understands the manner in which the system operates and the manner in which it should be maintained. Findings include: There was documented evidence of a quarterly inspection of the automatic sprinkler system on 10/20/08 and 7/19/07. The owner confirmed the last service was conducted on 10/20/08. He reported he had contacted (name of a local company) Fire to begin quarterly inspections. Severity: 2 Scope: 3	Y 206	Quarterly inspection is to be done by license inspector. c) Facility will keep copy of quarterly inspection report on file. d) Attachment #11 Tag Y206 e) 1/23/09	
Y 251 SS=F	449.217(2) Storage of Food-Perishable foods refrigerated NAC 449.217 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees or less. This Regulation is not met as evidenced by:	Y 251	Y 251 a) Staff of the facility was informed regarding the regulation of NAC 449.217 as of today at the time. b) Administrator will monitor facility to ensure that NAC 449.217 is in compliance	

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Y 251	Continued From page 21 Based on observation and interview, the facility failed to ensure proper storage of perishable foods. Findings include: On 12/4/08 at 4 PM, during facility tour, peeled potatoes were noted to be in a basin of water with black flecks in the water. A ham was sitting on the counter covered with aluminum foil. A bowl of rice with egg was covered with saran wrap and sitting on the counter. Employee #4 indicated the rice was his lunch and not for the residents. The potatoes were for dinner. The employee did not realize he could not have food sitting out on the counter. Severity: 2 Scope: 3	Y 251	c) 2/15/09	
Y 272 SS=C	449.2175(3) Service of Food - Menus NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to provide weekly menus. Findings include: A four week cyclical menu was posted on the cork board in the dining room. There were no dates on the menu. Employee #1 revealed she knew what the	Y 272	y 272 a) Facility is now using a four week cyclical menu to be use monthly. b) administrator will monitor facility to ensure that compliance with NAC 449.2175 is followed. c) administrator will monitor that menus is to be kept on record.	

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Y 272	Continued From page 22 regulation was but did not change the menus since this system was in place by the owner of the facility (Employee #2). Severity: 1 Scope: 3	Y 272	a) attachment #12 to 4272 b) 12/5/08	
Y 273 SS=E	449.2175(4) Service of Food - Special Diets NAC 449.2175 4. A resident who has been placed on a special diet by a physician or dietitian must be provided a meal that complies with the diet. The administrator of the facility shall ensure that records of any modification to the menu to accommodate for special diets prescribed by a physician or dietitian are kept on file for at least 90 days. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure a special diet be provided for a resident as prescribed by a physician for 2 of 5 residents (Resident #1 and #2). Findings include: Resident #1 was admitted on 6/30/08 with diagnoses including diabetes mellitus, hypertension and cerebral vascular accident. The admission physical dated 6/24/08 indicated a physician's order for a no salt and limited liquid intake, 1 quart a day. Resident #2 was admitted on 4/23/08 with diagnoses including diabetes, hypertension, coronary artery disease and colon cancer. The admission physical dated 4/23/08 indicated a physician's order for a 1800 calorie diabetic diet.	Y 273	Y 273 a) facility is using a restricted dietitian to work on modification menu for special diets resident b) administrator will monitor facility is in compliance with NAC 449.2175. c) facility will ensure that records of special diets be kept on file for at least 90 days. d) facility will inform resident's doctor if not compliance with the required special diet. Facility will report on file, if resident is not compliance with his/her diet. 2) 3/31/09	

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Y 273	Continued From page 23 On 12/4/08 at 12:35PM, Employee #3 indicated he would give the residents food with no salt. The employee explained the residents had a right to eat what they wanted to eat. The employee indicated Resident #2 would request another portion of food. If the resident did not receive more food, the resident would go to a community store and buy food. The employee admitted the resident's physician had not been notified the resident was not following the ordered diet. Employee #3 indicated he was not aware of a diabetic menu in the facility. The employee was not aware of how much food was indicated on a 1800 calorie diabetic diet. Severity: 2 Scope: 2	Y 273		
Y 274 SS=C	449.2175(5) Service of Food - Substitutions NAC 449.2175 5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the service of the meal. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to provide documentation of menu substitutions. Findings include: The lunch menu for 12/4/08 indicated Braised	Y 274	<p>Y274</p> <p>a) Facility has form to use for substitution for menu whenever menu is changed be place and/or posted on board.</p> <p>b) administrator will monitor facility to ensure in compliance of NAC 449.2175,</p> <p>c) staff was informed the requirements for NAC 449.2175</p>	

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Y 274	Continued From page 24 beef tips, mashed potatoes, gravy and fruit cocktail was to be served. The lunch provided to the residents included a turkey sandwich, lettuce salad and a piece of melon. Employee #1 explained the substitution menu was attached to the menu. The employee noted the substitution menu had salsbury steak as the substituted item. Employee #3 indicated the facility sometimes did not have the food on the menu and would serve something else. The employee indicated he was not aware he needed to write the substitutions on the menu. Severity: 1 Scope: 3 This is a repeat deficiency from survey on 7/31/07.	Y 274	a) Attachment # 13 to Y 274 e) 2/15/09	
Y 434 SS=F	449.229(3) Emergency Drills NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill. This Regulation is not met as evidenced by: Based on record review on 12/4/08, the facility failed to ensure monthly evacuation drills were conducted on an irregular schedule for the past 8 of 12 months. Findings include:	Y 434	y 434 a) Facility is now aware of monthly fire drill instead of quarterly. b) Fire drill on a monthly record form is now use by the facility in compliance with the NAC 449.229 regulations. c) Administrator will be monitoring that facility is in compliance with the NAC 449.229 regulation.	

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Y 434	Continued From page 25 There was documented evidence fire drills were conducted on a quarterly basis (1/5/08, 4/5/08, 7/5/08 and 10/5/08). Employee #3 indicated the facility only conducted quarterly fire drills. The employee did not provide an explanation to why the policy was changed. Severity: 2 Scope: 3	Y 434	a) Administrator will monitor that monthly records will be on files for 12 months. b) Facility will do monthly fire drill will be done on regular time and day.	
Y 444 SS=F	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure smoke detectors were tested 12 out of the past 12 months. Findings include: There was no documented evidence of a smoke detector check since 12/5/07. Employee #3 indicated the facility did not check the smoke detectors. Severity: 2 Scope: 3	Y 444	f) Attachment #14 to Y 434 g) 12/5/09 Y 444 a) Facility has been filed records on a) file (2007) and was not available at time of survey. b) employee #3 was not aware and whom did not check smoke detectors for 12 months. c) Administrator will ensure that records be on files in compliance with NAC 449.229(a).	
Y 450 SS=E	449.231(1) First Aid and CPR	Y 450	a) 2/16/09	

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Y 450	<p>Continued From page 26</p> <p>NAC 449.231</p> <p>1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training.</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure 2 of 4 caregivers were trained in first aid and cardiopulmonary resuscitation (CPR) within 30 days of hire (Employee #3, and #4).</p> <p>Findings include:</p> <p>Employee #3 had an unknown date of hire. There was no documented evidence of a current CPR or First Aid certification.</p> <p>Employee #3 indicated his certification was current and his file was in California.</p> <p>Employee #4 was hired on 7/1/08. There was no documented evidence of a current CPR or First Aid certification.</p> <p>Employee #1 did not know why the employee did not have CPR training.</p>	Y 450	<p>Y450</p> <p>a) employee #3 has done CPR/1st aid as of 12/6/08</p> <p>b) employee #4 has done CPR/1st aid as of 12/6/08</p> <p>c) administrator will monitor employees checklist to ensure facility is in compliance with the NAC 449.231 requirements.</p> <p>d) attachment #15 to Y450</p> <p>e) 12/6/08</p>	

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Y 450	Continued From page 27 Severity: 2 Scope: 2 This is a repeat deficiency from survey on 7/31/07.	Y 450		
Y 533 SS=C	449.260(1)(g)(2) Activities for Residents NAC 449.260 1. The caregivers employed by a residential facility shall: (g) Post, in a common area of the facility, a calendar of activities for each month that notifies residents of the major activities that will occur in the facility. The calendar must be: (2) Kept on file at the facility for not less than 6 months after it expires. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to provide at least 10 hours of activities for 5 of 5 residents (Resident #1, #2, #3, #4 and #5). Findings include: An activity schedule for December was posted in the dining room. The schedule was from another group home. Christmas Day was on a Wednesday. There was no year listed on the schedule. There was a November activity schedule posted behind the December schedule. During the survey, no activities were offered to the residents. Employee #1 observed the activity schedule,	Y 533	<p>Y 533</p> <p>a) Facility is now aware on requirements for these activities for clients.</p> <p>b) Administrator has a form to use to assure that monthly activities will be utilized and offered residents to participate.</p> <p>c) Administrator will ensure that monthly records of activity be kept on files for NAC 449.260 compliance.</p> <p>d) Attachments # 16 to Y 533</p> <p>e) 12/31/09</p>	

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Y 533	Continued From page 28 noted the schedule was from another home and did not have the current year or correct days of the week corresponding to the dates on the calender. The employee was unable to explain the activity schedule. Severity: 1 Scope: 3	Y 533			
Y 645 SS=B	449.2704(1) Rate Agreement NAC 449.2704 The administrator of a residential facility shall, upon request, make the following information available in writing: 1. The basic rate for the services provided by the facility. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to provide a rate agreement for 3 of 5 residents (Resident #2, #4 and #5). Findings include: Resident #2 was admitted on 4/23/08. There was no documented evidence of a signed rate agreement by the resident. Resident #4 was admitted on 6/18/08. There was no documented evidence of a signed rate agreement by the resident. Resident #5 was admitted on 9/4/08. There was no documented evidence of a signed rate agreement by the resident.	Y 645	Y 645 a) FACILITY HAS GIVEN THE RESIDENT A RATE AGREEMENT FORM TO SIGN. b) RESIDENT #2 HAS SIGNED AGREEMENT AS OF 2/1/09 c) RESIDENT #4 WAS ADMITTED 6/18/08 BUT UNABLE TO SIGN DUE TO HIS SUNDNESS BUT WAS PROMPTED AND RESIDENT UNDERSTAND & SIGNED. d) RESIDENT #5 IS NOT COMPETENT TO SIGN AGREEMENT BUT AUTH OF RATE AGREEMENT. HE WAS ADMITTED AS HOSPICE, SOCIAL WORKER WAS AVAILABLE AND STILL IN PROCESS OF GETTING PUBLIC GUARDIAN.		

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NAME OF PROVIDER OR SUPPLIER ALTA FACILITIES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 312 PARKWAY EAST LAS VEGAS, NV 89106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 645	Continued From page 29 Employee #1 indicated there was no documented rate agreement in the resident files. The employee was not sure why there was no documentation. The employee indicated Resident #5 was admitted under hospice and the employee did not realize the resident was required to complete the facility consents. Severity: 1 Scope: 2	Y 645	2) ADMINISTRATOR will monitor that rate of agreement is done at time of admission and be kept on resident file in compliance with NAC 449.2704 f) attachment # 17 tag Y 645 g) 2/16/09	
Y 820 SS=D	449.2734(1)(a) Tracheostomy / Open Wound NAC 449.2734 1. A person who has a tracheostomy or an open wound that requires treatment by a medical professional must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The wound is in the process of healing or the tracheostomy is stable or can be cared for by the resident without assistance. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure care was provided for a pressure ulcer for one resident (Resident #7).	Y 820	4820 a) FACILITY is now aware and inform regarding NAC 449.2734(1)(a). b) FACILITY will inform administrator if there is any change on residents status. c) FACILITY'S administrator will monitor that facility will ensure that resident if facility is unable to care for a resident, if residents care require medical professional treatment.	

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Y 820	Continued From page 30 Findings include: The hospital record for 1/25/08 indicate the resident had a Stage II decubitus on the sacral area. On 12/10/08 at 5:00 PM, a telephone interview with Employee #2 revealed the resident was under the care of a home health agency. The employee revealed her husband had forgotten about the home health agency during the survey. Employee #2 indicated the resident was able to move around in bed. The employee revealed the resident had wanted to stay in bed all day except for meals due to chest pain. The employee indicated the resident was becoming still and she notified the resident's physician of this. Severity: 2 Scope: 1 Complaint #NV00017324	Y 820	d) According to the facility, resident #7 was under the care of home health at the time visited of, PT & special nurse. no indication of stage II on the sacral area. e) assessment #18 for Y 820 f) 2/16/09	
Y 859 SS=D	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.	Y 859	Y 859 a) Facility has intern hospice doctor to care resident as a physical initial assessment, regardless resident is a hospice at time of admission. b) administrator will ensure that facility has physical initial assessment record on resident's person file at time of admission. c) administrator will monitor facility to ensure NAC 449.274	

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Y 859	Continued From page 31 This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to obtain the results of an initial physical examination for 1 of 5 residents (Resident #5). Findings include: Resident #5 was admitted on 9/4/08 with diagnoses including end stage Parkinson Disease and paralysis agitans. The resident's record failed to provide documented evidence of the results of an initial physical examination for 2008. On 12/4/08 at 2:30 PM, the Employee #1 indicated the resident was transferred from a hospice inpatient facility to the group home. The employee revealed she did not realize a physical exam was required prior to admission to the facility if the resident arrived from a hospice agency. Severity: 2 Scope: 1	Y 859	<i>is met. d) 2/20/09</i>	
Y 870 SS=A	449.2742(1)(a)(1) 449.2742(1)(a)(1) Medication Administration NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of	Y 870	<i>Y870 a) Facility was informed regarding NAC 449.2742 requirements. b) Administrator will monitor to ensure facility is in compliance with NAC 449.2742. c) Administrator will monitor residents</i>	

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Y 870	Continued From page 32 the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 1 of 1 residents residing in the facility for longer than six months (Resident #2). Findings include: Resident #2 was admitted on 4/23/08 . There was no documented evidence of a medication profile review available in the record. Severity: 1 Scope: 1 This is a repeat deficiency from survey on 7/31/07.	Y 870	FILE HAS RECORDS TO COMPLY IN COMPLIANCE NAC 449.2742 d) 2/28/09	
Y 876 SS=B	449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met.	Y 876	Y 876 a) STAFF OF THE FACILITY IS NOW PROVIDEING INFO REGARDING REQUIREMENTS OF NAC 442.2742. b) ADMINISTRATION WILL MONITOR TO ENSURE NAC 449.2742 IS IN COMPLIANCE AT THE FACILITY.	

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Y 876	<p>Continued From page 33</p> <p>This Regulation is not met as evidenced by: NRS 449.037(6). The Board shall adopt separate regulations regarding the assistance which may be given pursuant to NRS 453.375 and 454.213 to an ultimate user of controlled substances or dangerous drugs by employees of residential facilities for groups.</p> <p>NRS 453.375 Authority to possess and administer controlled substances. A controlled substance may be possessed and administered by the following persons:</p> <p>6. An ultimate user or any person whom the ultimate user designates pursuant to a written agreement.</p> <p>NRS 454.213 Authority to possess and administer dangerous drug. A drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by:</p> <p>10. An ultimate user or any person designated by the ultimate user pursuant to a written agreement.</p> <p>Based on record review, the facility failed to ensure an ultimate user agreement was signed for 2 of 5 residents (Resident #4 and #5).</p> <p>Findings include:</p> <p>Resident #4 was admitted on 6/18/08. The resident's file did not contain a signed ultimate user agreement that authorized the facility to administer medications to the resident.</p> <p>Resident #5 was admitted on 9/4/08. The resident's file did not contain a signed ultimate user agreement that authorized the facility to administer medications to the resident.</p> <p>Employee #1 indicated she was not sure why the consents were not in the residents record.</p>	Y 876	<p>c) administrator will ensure that NAC 44 2742 will be included on admission packet to be signed by resident.</p> <p>d) attachment #19 TBA Y876</p> <p>e) 2/16/09</p>	

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Y 876	Continued From page 34 Severity: 1 Scope: 2	Y 876		
Y 878 SS=E	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on record review the facility failed to ensure the medication prescribed by a physician was administered as prescribed for 2 of 5 residents (Resident #2 and #4). Findings Include: 1. Resident #2 was admitted on 4/23/08 with diagnoses including Diabetes Mellitus, Hypertension, Coronary Artery Disease and Colon Cancer. The resident had an order written on 8/20/08 for Hydrocodone 1 tab to be taken every 4 to 6 hours as needed (PRN). The October 2008 medication administration record (MAR) showed Hydrocodone was given 2 times a day. The November 2008 and December 2008 MAR indicated Hydrocodone was given 3 times a day. Administration of the medication was	Y 878	Y 878 a) caregiver of the facility, owner and administrator was not aware regarding compliance of NAC 449.2742 regulation. b) administrator was aware that facility will ensure to comply on NAC 449.2742 regulation c) caregiver was instructed that only change on medication given by the Dr. must have Rx order on record and recorded on right form MAR (per recording unit). d) document # 20 TAB Y 878 e) 2/13/09	

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Y 879	<p>Continued From page 36</p> <p>subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident:</p> <p>(a) The caregiver responsible for assisting in the administration of the medication shall:</p> <p>(2) Indicate on the container of the medication that a change has occurred.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to indicate on a medication container a medication order had been changed for 1 of 5 residents (Resident #1).</p> <p>Findings include:</p> <p>Resident #1 was admitted on 6/30/08 with diagnoses including Diabetes Mellitus, Cerebral Vascular Accident, Hypertension, Hyperlipidemia and Degenerative Joint Disease. The September 2008, October 2008, November 2008 and December 2008 medication administration record (MAR) were reviewed. The MAR's revealed the resident was receiving 40 milligram of Furosemide three times a week. The pharmacy label indicated the medication was to be administered two times a week. A physician order dated 9/3/08 revealed the physician increased the frequency to three times a week, but no one had indicated on the bottle that a change had been made.</p> <p>Employee #4 indicated the medication was given as ordered. The employee had the new medication container with the pharmacy label reading Furosemide 40 milligram, give 3 times a</p>	Y 879	<p>Y 879</p> <p>a) continued of the facility has informed regarding NAC 449.2742 and now understands that the compliance of the regulation.</p> <p>b) administrator will ensure that NAC 449.2742 is met and in compliance with the regulation.</p> <p>c) facility will inform administrator on any discrepancy on Pharm Dec 4x to Pharmacist's label.</p> <p>d) 2/16/09</p>	

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Y 879	Continued From page 37 week. The employee revealed he did not realize the container had to be changed to reflect the change of the medication. Severity: 2 Scope: 1	Y 879			
Y 882 SS=D	449.2742(6)(c) Medication / change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure the medication label matched the prescription for 1 of 5 residents (Resident #1). Findings include: Resident #1 was admitted on 6/30/08 with diagnoses including Diabetes Mellitus, Cerebral	Y 882	Y 882 a) colleagues of the facility has given an instruction regarding NAC 449.274 and now ensure on the compliance of the regulations. b) administrator will ensure that NAC 449.2742 regulation is met. c) administrator will ensure that only change on medications and as prescribed by the DR will be done with the pharmacy's label d) facility will follow up with the DR, patient and all changes to regulate NAC 449.2742 and will be recorded on file. e) 2/16/09		

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Y 882	Continued From page 38 Vascular Accident, Hypertension, Hyperlipidemia and Degenerative Joint Disease. The September 2008, October 2008, November 2008 and December 2008 medication administration record (MAR) were reviewed. The MAR's revealed the resident was receiving 40 milligrams of Furosemide three times a week. The pharmacy label indicated the medication was to be administered two times a week. A physician order dated 9/3/08 revealed the physician increased the frequency to three times a week, but no one had indicated on the bottle that a change had been made. Employee #4 indicated the medication was given as ordered. The employee had the new medication container with the pharmacy label reading Furosemide 40 milligrams, give 3 times a week. The employee revealed he did not realize the interpretation of the order was required within 5 days and needed to be included in the residents record. Severity: 2 Scope: 1	Y 882			
Y 907 SS=E	449.2746(1)(c) PRN Medication NAC 449.2746 1. A caregiver employed by a residential facility shall not assist a resident in the administration of medication that is taken as needed unless: (c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the amount of medication that may be given and the frequency with which the medication may be given.	Y 907	Y 907 a) caregiver was informed regarding NAC 449.274 regulations. b) administrator will monitor to ensure facility is in compliance with NAC 449.2748. c) 2/15/09		

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Y 907	<p>Continued From page 39</p> <p>This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure specific instructions were provided for as needed (PRN) medication for 2 of 5 residents (Resident #2 and #4)</p> <p>Findings include:</p> <p>1. Resident #2 was admitted on 4/23/08 with diagnoses including Diabetes Mellitus, Hypertension, Coronary Artery Disease and Colon Cancer. Hydrocodone was ordered on 8/20/08. The medication was to be given every 4 to 6 hours PRN. There was no indication of the specific symptoms for which the medication may be given.</p> <p>Employee #4 indicated he did not realize the physician had to provide a specific time frame and specific symptoms for the medication ordered. The employee indicated the resident wanted his Hydrocodone three times a day and did not ask for them.</p> <p>2. Resident #4 was admitted on 6/18/08 with diagnoses including Psychosis NOS, Chronic Obstructive Pulmonary Disease, history of Cerebral Vascular Accident, Hypertension, renal insufficiency and legally blind. Restoril was ordered on 8/19/08. The medication was to be given at bedtime PRN. There was no indication of the specific symptoms for which the medication may be given.</p> <p>Employee #4 indicated he did not realize the physician had to provide specific symptoms for the medication ordered. The employee indicated</p>	Y 907	Y907	

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Y 907	Continued From page 40 the resident wanted his Restoril at bedtime and didnot ask for them. Severity: 2 Scope: 2	Y 907		
Y 933 SS=B	449.2749(1)(d)(1) Resident File NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical services. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure a physician statement was completed on 2 of 5 residents (Resident #1, and #5). Findings include: Resident #1 was admitted on 6/30/08 with diagnoses including Diabetes Mellitus, Cerebral Vascular Accident, Hypertension, Hyperlipidemia	Y 933	Y 933 a) Facility was informed regarding NAC 449.2749 regulation. b) administrator will ensure that record file is in compliance with NAC 449.2749 c) administrator will monitor fac with is in compliance and physician assessment is on resident personal file. d) 2/28/09	

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Y 933 Continued From page 41

and Degenerative Joint Disease. There was no documented evidence of a completed physician statement in the resident's record.

Resident #5 was admitted on 9/4/08 with diagnoses including end stage Parkinson Disease and Paralysis Agitans. There was no documented evidence of a completed physician statement in the resident's record.

Employee #1 indicated she was not sure why the physician statement had not been completed.

Severity: 1 Scope: 2

Y 933

Y 936
SS=F 449.2749(1)(e) Resident file

Y 936

Y 936

NAC 449.2749

1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:

(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.

This Regulation is not met as evidenced by:

NAC 441A.380 is hereby amended to read as follows:

441A.380 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing, or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2978AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/04/2008
NAME OF PROVIDER OR SUPPLIER ALTA FACILITIES, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 312 PARKWAY EAST LAS VEGAS, NV 89106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 936	Continued From page 45 1. Resident #1 was admitted on 6/30/08. The resident's file contained a negative chest x-ray report dated 6/23/08. The resident's file did not contain documentation the resident completed the required two-step TB skin testing. Employee #1 indicated she thought the chest x-ray was good enough for admission. 2. Resident #2 was admitted on 4/23/08. The resident's file contained documentation the resident completed the first step of the required two-step TB skin test on 4/26/08. The file did not contain evidence the resident completed the second step. 3. Resident #3 was admitted on 7/21/08. The resident's file contained a negative chest x-ray report dated 6/24/08. The resident's file did not contain documentation the resident completed the required two-step TB skin testing. Employee #1 indicated she thought the chest x-ray was good enough for admission. 4. Resident #4 was admitted on 6/18/08. The resident's file contained a negative chest x-ray report dated 6/12/08. The resident's file did not contain documentation the resident completed the required two-step TB skin testing. Severity: 2 Scope: 3 This is a repeat deficiency from survey on 7/31/07.	Y 936	Y 936 a) Facility was informed regarding reevaluation for NAC 449.2749 compliance. b) Administrator will monitor facility to be in NAC 449.2749 compliance. c) Administrator will assure that resident's file is in compliance with the reevaluation NAC 449.2749. d) Facility is working on NAC 449.2749 requirement, Res. #1 - unable to get 2 step TB due to his blood decay. Facility was informed home health was put sent msg. will be informed. Resident #3 - unable due was transferred by public guardian to another facility prior requirement. Resident #4 - inform nurse to do 2 step TB		
Y 938 SS=F	449.2749(1)(g)(1) Resident file	Y 938			

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Y 938	<p>Continued From page 46</p> <p>NAC 449.2749</p> <p>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:</p> <p>(g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation:</p> <p>(1) Upon the admission of the resident.</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to perform an evaluation on 3 of 5 residents for their ability to perform the activities of daily living (ADL) (Resident #1, #3 and #4).</p> <p>Findings include:</p> <p>Resident #1 was admitted on 6/30/08. There was no documented evidence of an initial ADL assessment in the resident's record.</p> <p>Resident #3 was admitted on 7/21/08. There was no documented evidence of an initial ADL assessment in the resident's record.</p> <p>Resident #4 was admitted on 6/18/08. There was no documented evidence of an initial ADL</p>	Y 938	<p>a) assessment #22 TAG Y936</p> <p>b) 2/28/09</p> <p>Y938</p> <p>a) Facility was informed regarding NAC 449.274 regulations</p> <p>b) Administrator will ensure and monitor that facility is in compliance with NAC 449.2749</p> <p>c) Administrator will monitor that document on NAC 449.2749 is on resident file</p> <p>d) Resident #1 - unable to do his ADL, Decided prior POC was collected</p> <p>Resident #3 - unable to do his ADL, transferred to public guardian POC was collected</p> <p>e) assessment #22 TAG Y938</p>		

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Y 938	Continued From page 47 assessment in the resident's record. Employee #1 revealed the assessment form was given to the physician and the physician must not have completed the form. The employee indicated she was not aware the facility would provide the ADL assessment. Severity: 2 Scope: 3	Y 938	8) 2/16/09		
Y 941 SS=C	449.2749(1)(h) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to have the rules of the facility signed by the administrator of the facility and/or the resident for 5 of 5 residents (Resident #1, #2, #3, #4 and #5). Findings include:	Y 941	Y 941 a) Facility was informed regarding NAC 449.274 regulations. b) Administrator will monitor facility is in compliance with NAC 449.2749 c) Resident #1 - received prior POC was corrected Resident #3 - was given prior POC was corrected d) agreement # 23 TAG Y 941 e) 2/16/09		

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Y 941	Continued From page 48 Resident #1 was admitted on 6/30/08. There was no documented evidence of house rules signed by the administrator of the facility or the resident. Resident #2 was admitted on 4/23/08. There was no documented evidence of house rules signed by the administrator of the facility. Resident #3 was admitted on 7/21/08. There was no documented evidence of house rules signed by the administrator of the facility or the resident. Resident #4 was admitted on 6/18/08. There was no documented evidence of house rules signed by the administrator of the facility or the resident. Resident #5 was admitted on 9/4/08. There was no documented evidence of house rules signed by the administrator of the facility or the resident. Employee #1 indicated she interpreted the admission agreement as the house rules. The employee indicated Resident #5 was admitted under hospice and the employee did not realize the resident was required to complete the facility consents. Severity: 1 Scope: 3	Y 941			
Y1010 SS=E	449.2764(1) MI Training NAC 449.2764 1. A person who provides care for a resident of a residential facility for persons with mental illnesses shall, within 60 days after he becomes employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses.	Y1010	Y1010 a) Facility was informed regarding NAC 449.2764 regulation. b) Administrator will monitor employee's requirement to		

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Y1010	Continued From page 49 This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure that 2 of 4 caregivers received eight hours of training concerning the care of residents with mental illnesses (Employee #1 and #3) Findings include: The facility had an endorsement on its license to care for residents with mental illnesses. Employee #1 was hired on 9/9/08. The employee's file did not contain documented evidence of eight hours of training related to the care of persons with mental illnesses. Employee #3 had an unknown date of hire. The employee's file did not contain documented evidence of eight hours of training related to the care of persons with mental illnesses. Severity: 2 Scope: 2 This is a repeat deficiency from survey on 7/31/07.	Y1010	comply with NAC 449.2764. c) employee #1, ^{is} is registered to Gordon's Panel, OF BDL HANG CALL ON MAY 2009 d) employee #3 is done 2/18/09 e) document #24 TO Y1010 f) 5/18/09	
Y1020 SS=F	449.2766(1) Chronic Illness Training NAC 449.2766 1. Within 60 days after being employed by a residential facility for persons with chronic illnesses, an employee of the facility shall obtain at least 4 hours of in-service training related to	Y1020	Y1020 a) Facility will immediately reassign NAC 449.2766 requirements. b) administrator will ensure to monitor Facility to comply NAC 449.2766	

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Y1020	<p>Continued From page 50</p> <p>the care provided to such persons and in the actions necessary to control infections.</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure 4 of 4 employees received the 4 hours of training concerning the care of residents with chronic illnesses (Employees #1, #2, #3, and #4).</p> <p>Findings include:</p> <p>Employee #1 was hired on 5/9/08. The employee file failed to provide documented evidence of any training related to the care of persons with chronic illnesses.</p> <p>Employee #2 was hired on 5/1/08. The employee file failed to provide documented evidence of any training related to the care of persons with chronic illnesses.</p> <p>Employee #3 has an unknown date of hire. The employee file failed to provide documented evidence of any training related to the care of persons with chronic illnesses.</p> <p>Employee #4 was hired on 7/1/08. The employee file failed to provide documented evidence of any training related to the care of persons with chronic illnesses.</p> <p>Severity: 2 Scope: 3</p> <p>Complaint #NV00017324</p>	Y1020	<p>c) all employees are registered for chronic illness on 2/27/09 with ADL home care, GLOOY's power class on 2/24/09</p> <p>d) 2/27/09</p>	

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